

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042598

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 352
FILED OCT 21 1963

Primary Registration District No. 4517

Registrar's No. 99

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Taney | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stone | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson | | Length of stay in 1b few hours | c. CITY OR TOWN Galena Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) rural Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) DENNIS RAY ROGERS | | 4. DATE OF DEATH Month Oct. Day 14 Year 1963 | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Oct. 14, 1963 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | 9. AGE (last birthday) Months 7 Days 14 Hours 14 Min. 7 |
| 11a. BIRTHPLACE (City and state or country) Branson, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Troy Rogers | | 13b. MOTHER'S MAIDEN NAME Patricia Gideon | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 17. INFORMANT Address Troy Rogers Galena, Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hayden Membrane Disease DUE TO (b) Respiratory Failure DUE TO (c) Respiratory Failure | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 9:30 a.m. Month, Day, Year 10/14/63 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION Branson Mo. | |
| 21. I attended the deceased from 9:30 a.m. 10/14/63 and last saw him alive on 10/14/63 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED 10/15/63 | |
| 22a. SIGNATURE Roy Sillars M.D. | | 22b. ADDRESS Branson Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE Oct. 16, 1963 | 23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery | |
| 24. FUNERAL DIRECTOR Walter Cobb Branson, Mo. | | 25. DATE RECD. BY LOCAL REG. 10-19-63 | |
| 26. REGISTRAR'S SIGNATURE Glenn Campbell | | 27. LOCATION (City, town, or county) Walnut Ridge, Ark | |

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter Cobb

Licensed Embalmer No.

4731

P. O. Address

Branson Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.